



Evaluation of SoonerCare's Acute Care Program: Initial Findings

Presented to the OHCA Board
May 9, 2013

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Program Strengths

- Feedback mechanisms, evaluation, and response
- Application and enrollment processes
- Provider reimbursement
- Medical home model
- Insure Oklahoma
- Cost control
- Other



Areas for Continuing Improvement

- Board oversight and advisory committees
- HEDIS
- Program incentives
- Behavioral health
- Provider capacity and access
- Competition



Preliminary Recommendations for a Medicaid Demonstration Proposal

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Medicaid Realignment

Key Principles:

1. Create a more uniform, equitable, and stable definition of the Medicaid eligible population.
2. Maximize the use of commercial plan enrollment.
3. Increase system and individual accountability for health outcomes.
4. Align program design with economic goals.



Foundational Changes

1. Eliminate optional Medicaid coverage for:
 - a. Individuals eligible for Medicaid under the base program
 - b. Individuals eligible for commercial coverage
2. Use IO as the base for a premium support program for adults up to 138% FPL



Recommendation

1. Maintain the current ESI program
2. Leverage premium tax credits to enable the purchase of individual insurance
3. Leverage population health to improve preventive care and reduce preventable hospitalizations



Recommendation

4. Modify the IO Individual Plan:

- a. Maintain premium base approach
- b. Use as wrap around coverage for disabled/medically frail
- c. Include a blended health home/medical home model and add health home benefits
- d. Use care coordination and behavioral health benefits to address wellness and individual accountability
- e. Use maximum allowable cost sharing and appropriate reductions to incentivize positive health choices
- f. Implement new payment strategies, such as shared savings models, with a focus on provider incentives



Recommendation

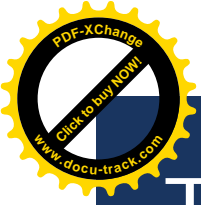
5. Work toward multi-payer models
6. Create a steering committee to oversee implementation
7. Develop a strong evaluation component
8. Demonstrate cost effectiveness
9. Leverage current program initiatives



Medicaid Realignment

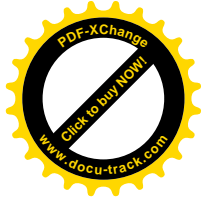
10. Develop complementary proposals for I/T/Us to preserve unique program characteristics

- a. Allow I/T/Us to continue to receive funds to mitigate costs associated with uncompensated care
- b. Maintain current income eligibility limits
- c. Provide an option to enroll in commercial plans or utilize the I/T/U system
- d. Identify issues impacting health care, define quality measures and metrics, and implement a financial incentive program



Timing

- January 2015 is a realistic time frame
- Best if IO waivers are extended a year
- Do not phase in different components



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